

## Pat Quinn, Governor • Thomas E. Jennings, Director

Division of Food Safety and Animal Protection • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/524-1550 • Fax 217/524-7801

## APPLICATION FOR ILLINOIS EGG LICENSE

ALL QUESTIONS AND SIGNATURES IN THIS APPLICATION MUST BE COMPLETED – IF NOT, YOUR APPLICATION WILL BE RETURNED. The application for renewal of a license shall be filed annually by May 1. The licensing year for an egg license is July 1 through June 30. The egg license shall expire on June 30. The license year for egg breakers is October 1 to September 30<sup>th</sup>. Egg breakers license expires on October 31<sup>st</sup>. The undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the Illinois Egg and Egg Products Act, approved September 3, 1975, as amended.

provisions of the Illinois Egg and Egg	- 11 1	iber 3, 1975, as amended.					
Individual or company name to app	pear on license.						
Business Address (where eggs are	e located)   Residence (Please ch	heck if applicable)					
City	State	Zip Code					
Telephone Number	County	FEIN # or SSN#					
Fax Number	Email Address						
I ax Number	Liliali Address						
CLASSIFICA	TION OF LICENSES						
New License 🗖	Renewal License 🗖						
Check Type of License Requested ( <i>Please check one</i> )							
	Fee \$15 - sells only graded eggs produced	5.00					
by his own flock of 3,000	) birds or less.						
Type of eag being sold:	□ Chicken , □ Duck, □ Other						
Type of egg being cold.		<del>-</del>					
2. FULL LICENSE Fee \$50.00  PRODUCER-DEALER – sells graded eggs produced							
by his own flock of 3,00°							
	candles and grades nest run eggs.						
JOBBER OR BROKER							
DISTRIBUTOR							
Type of egg being sold:	□ Chicken , □ Duck, □ Other	·					
3. <b>EGG BREAKERS LICE</b>	NSE Fee \$20	00.00					
4 Applicant in:							
4. Applicant is: As							
☐ Individua	al Partnership						
(Please complete reverse side of this form)							
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>					
IDOA USE ONLY: Check # Check Amount: Revenue Code 411 412 413							
TOVORGE COME THE TIE							

5.	IINSI	PECTION FEE INFORMATION (Please check one)
		Selling <u>more</u> than 600 cases of eggs per year (Quarterly fee report will be sent to you.) Selling <u>less</u> than 600 cases of egg per year (Annual fee report will be sent to you.)
		Estimate the number of cases you purchase on an annual basis for Illinois
		Name of business you usually purchase eggs from
		Is the business you purchase eggs from licensed to do business in Illinois?
		An inspection fee of 6 cents per 30 dozen case is assessed on all candled and graded eggs sold in Illinois. The first handler in Illinois who packed and sold the eggs shall pay the prescribed inspection fee. In the event that the eggs are shipped into Illinois, the handler who invoiced the eggs to Illinois shall pay the fee. Inspection fees shall be paid on a quarterly basis except those persons selling less than 600 cases of eggs per year will be paying annually.
		<ul> <li>Please enclose a copy of the invoice from the business you purchase your eggs from with your license application.</li> </ul>
6.		RTIFICATIONS: Failure to check one of the boxes below and sign the application may result in Department refusing to process your application:
		according to the Illinois Administrative Procedures Act, each state agency must require license holders ertify the following: "I hereby certify, under penalty of perjury, that (please check one)
		I am not subject to a child support order" I am not more than 30 days delinquent in complying with a child support order" I am more than 30 days delinquent in complying with a child support order"
		ure to so certify may result in denial of the application/renewal; and making a false statement may subject the nsee to contempt of court (5ILCS 10/1 0-65 c)
	Busi	nereby certify that if a license is granted under this application, I agree to conform and conduct my iness in accordance with the provisions set forth in the Illinois Egg & Egg Products Rules & Regulations and regulations pursuant, thereto.
	c. "I h	ereby certify that the information contained herein is true and accurate to the best of my knowledge."
	Name	e of the Owner (Please Print or Type)
	Signa	ature of Owner, Partner, Officer of Corporation
	Date	

(This application must be signed by the Owner, if an individual, by one of the partners, if a partnership, or by an officer of the corporation if incorporated. Please return to address listed on top of application.)